

Bayer CropScience

I023751



February 27, 2012

Document Processing Desk 6(a)(2)
Office of Pesticide Programs (7504P)
U. S. Environmental Protection Agency
Room S-4900, One Potomac Yard
2777 South Crystal Drive
Arlington, VA 22202-4501

RE: 6(a)(2) Incidents Accumulated for the Month of January 2011

Dear Sir/Madam:

Reportable incidents accumulated for the month of January 2011 for Bayer CropScience and Bayer Environmental Science are attached.

The information with this letter is being submitted to the EPA pursuant to the Agency's interpretation of requirements imposed on registrants by Section 6(a)(2) of FIFRA. This information does not necessarily constitute additional factual information regarding unreasonable adverse effects within the meaning of 6(a)(2). It is being submitted to enable the Agency to make its own assessment of the information.

If you have questions or concerns, please do not hesitate to contact me at any time.

Sincerely,

A handwritten signature in cursive script, reading "S. Gerret Van Duyn".

Gerret Van Duyn
Compliance Manager
State Regulatory and Documentation Services
919-549-2914

CC: AE Coordinator, CA Department of Pesticide Regulation
Jeanine Broughel, NY Department of Environmental Conservation

/attachment

Personal privacy information

-002

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area Page 1 of 3

Row 1 Administrative Data	Reporter Name [REDACTED]	Submission date. 2/27/2012	Contact person (if different than reporter)	Internal ID 918178
	Address [REDACTED]		Address	
			Phone #	
	Incident Status: <i>New</i>	Location and date of incident <i>NC USA 01/21/2011</i>	Date registrant became aware of incident. <i>01/21/2012</i>	Was incident part of larger study? <i>No</i>
Row 2 Pesticide(s) Involved	EPA Registration # (Product 1) <i>72155-80</i>		EPA Registration # (Product 2)	EPA Registration # (Product 3)
	A.I. (s) <i>Beta-Cyfluthrin, sodium o-phenylphenate</i>		A.I. (s)	A.I. (s)
	Product 1 name <i>Home Pest plus Germ Killer Indoor & Outdoor Killer RTU (1 Gal)</i>		Product 2 Name	Product 3 Name
	Exposed to concentrate prior to dilution? <i>No</i>		Exposed to concentrate prior to dilution?	Exposed to concentrate prior to dilution?
	Formulation		Formulation	Formulation
Row 3 Incident Circumstances	Evidence label directions were not followed? <i>No</i> Intentional misuse? <i>No</i>	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/woods, agricultural (specify crop) right-of-way (rail, utility, highway)). <i>Workplace</i>		Situation (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating). <i>See Incident Description Notes</i>
	Applicator certified? <i>UNK</i>			
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) <i>See Incident Description Notes</i>			

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Brief description of incident circumstances.

Magras, Stephanie Jan 21 2012 3:55PM

Hx: Caller used product last year at work and may have been breathing in the product while spraying it for ~ 2 hrs. Two weeks after exposure she had a bad cough and general malaise since then. Caller has seen a physician and was put on antibiotics. Chest xray was normal. Caller is concerned about toxicity caused from this product when used last year.

A: The product has the potential to be irritating to the skin or respiratory tract but irritation is transient. General systemic toxicity is not expected nor irritation to lungs 1 yr after use. Rec caller follow up with physician again to search for other causes. If any new or unexpected symptoms develop please contact us 24/7 and refer to your reference number.

6

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area Page 3 of 3

Demographic information: Age: <i>Unknown age</i> Sex: <i>Female</i> Occupation (if relevant) <i>NA</i>	Exposure route: <i>Inhalation/Respiratory</i>	Was adverse effect result of suicide/homicide or attempted suicide/homicide? <i>No</i>	Was protective clothing worn (specify)? <i>None Reported</i>
If female, pregnant? <i>NO</i>	Was exposure occupational? <i>Not indicated</i> If yes, days lost due to illness: <i>NA</i>	Time between exposure and onset of symptoms: <i>>3 months</i>	
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). <i>Private MD/DVM-treated & released</i>	List signs/symptoms/adverse effects <i>Miscellaneous-Malaise</i> <i>Respiratory-Cough/choke</i>		If lab tests were performed, list test names and results (If available, submit reports) <i>None Reported</i>
Exposure data: <i>NA</i> Amount of pesticide: <i>NA</i> Exposure duration: <i>Acute < 8hrs</i> Patient weight: <i>Unknown</i>			
Human severity category: <i>HC</i>			
<p>This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div> <div style="border: 1px solid black; padding: 5px; width: fit-content; float: right;"> Internal ID # 918178 </div>			